

United States Bankruptcy Court for the:
EASTERN DISTRICT OF WASHINGTON

Case number (if known) Chapter 11

☐ Check if this an amended filing

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

1. Debtor's name **Kate Quinn Organics, Inc.**

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) **20-5458447**

**16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500**

Number, Street, City, State & ZIP Code

Snohomish

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) <https://katequinn.com/>

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

7. Describe debtor's business

A. Check one:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Railroad (as defined in 11 U.S.C. § 101(44))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))

☒ None of the above

B. Check all that apply

☐ Tax-exempt entity (as described in 26 U.S.C. §501)

☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)

☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5137

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☐ Chapter 7

☐ Chapter 9

☒ Chapter 11. Check all that apply:

☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).

☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.

☐ A plan is being filed with this petition.

☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

Debtor Kate Quinn Organics, Inc. Case number (if known) _____
Name

List all cases. If more than 1,
attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 14, 2025
MM / DD / YYYY

X /s/ Katherine Quinn
Signature of authorized representative of debtor

Title CEO

Katherine Quinn
Printed name

18. Signature of attorney

X /s/ Jason Wax
Signature of attorney for debtor

Date March 14, 2025
MM / DD / YYYY

Jason Wax
Printed name

Bush Kornfeld LLP
Firm name

601 Union St., Suite 5000
Seattle, WA 98101-2373
Number, Street, City, State & ZIP Code

Contact phone 206-292-2110 Email address jwax@bskd.com

41944 WA
Bar number and State

Debtor **Kate Quinn Organics, Inc.** Case number (if known) _____
Name

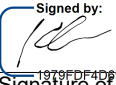
Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 I have been authorized to file this petition on behalf of the debtor.
 I have examined the information in this petition and have a reasonable belief that the information is true and correct.
 I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 14, 2025**
MM / DD / YYYY

X  Signed by:
 Signature of authorized representative of debtor
 Title **CEO**

Katherine Quinn
 Printed name

18. Signature of attorney **X** _____
 Signature of attorney for debtor

Date **March 14, 2025**
MM / DD / YYYY

Jason Wax
 Printed name

Bush Kornfeld LLP
 Firm name

601 Union St., Suite 5000
Seattle, WA 98101-2373
 Number, Street, City, State & ZIP Code

Contact phone **206-292-2110** Email address **jwax@bskd.com**

41944 WA
 Bar number and State

SHAREHOLDER RESOLUTIONS OF
KATE QUINN ORGANICS, INC.

WHEREAS, Kate Quinn Organics, Inc., a Washington corporation ("Company") is experiencing significant financial challenges; and

WHEREAS, the undersigned is the sole shareholder and director of the Company ("Shareholder" and "Director" respectively); and

WHEREAS, it is the opinion of the Shareholder and Director that the only reasonable and prudent response to the Company's financial circumstances is the filing of a voluntary petition in bankruptcy seeking protection and reorganization under Chapter 11 of the United States Bankruptcy Code; and

WHEREAS, the Company has selected the law firm of Bush Kornfeld LLP ("BK") to represent the Company's interest in the Chapter 11 proceeding.

NOW, THEREFORE, the undersigned Shareholder and Director consent to the following action by the Company:

RESOLVED, that the Company shall employ BK to represent it in the Chapter 11 proceedings and shall seek to have that employment approved by the Bankruptcy Court as soon as is practicable; and it is

FURTHER RESOLVED, that the Company is hereby authorized to retain such other professional consultants on such terms of employment as are required in order to act in the best interests of the Company in prosecuting the Chapter 11 proceeding; and it is

FURTHER RESOLVED, that Katherine Quinn, as President of the Company, is hereby authorized and directed to take such steps and execute such documentation as is required in order to effectuate any and all of the foregoing; and it is

FURTHER RESOLVED, that Katherine Quinn, as President of the Company, is hereby authorized and directed to cause the Company to file a Chapter 11 bankruptcy.

DATED this 6th day of March, 2025.

Katherine Quinn
Katherine Quinn (Mar 6, 2025 15:57 PST)

Katherine Quinn, Director and sole
shareholder of Kate Quinn Organics, Inc.

Fill in this information to identify the case:

Debtor name Kate Quinn Organics, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF WASHINGTON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 14, 2025

X /s/ Katherine Quinn

Signature of individual signing on behalf of debtor

Katherine Quinn

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Kate Quinn Organics, Inc.**
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO Box 60189 City of Industry, CA 91716-0189	amexsru@aexp.com 1-800-528-4800	Business Platinum credit card				\$155,188.67
C.H. Robinson Worldwide, Inc. 14701 Charlson Road Eden Prairie, MN 55347-5076	Garrett Stallings Garrett.Stallings@CHrobinson.com 470-240-7774	Import freight services				\$230,830.87
Capybara Capital, LLC 6501 Congress Avenue Suite 340 Boca Raton, FL 33487	Brian Kramer brian@bkcounsel.com	Money loaned	Contingent Unliquidated Disputed			\$310,000.00
CFG Merchant Solutions, LLC 180 Maiden Lane, 15th Floor New York, NY 10038	reconciliation@cfgms.com	Money loaned	Contingent Unliquidated Disputed			\$500,000.00
CFT Clear Finance Technology Corp. 2810 N Church St #68100 Wilmington, DE 19802-4447	support@clearbank.com	Money loaned	Contingent Unliquidated Disputed			\$3,000,000.00
DHL eCommerce 2700 S Commerce Parkway Suite 300 Weston, FL 33331	Valery Garcia-Gehman Valery.garcia-gehman@dhl.com 954-308-8835	Shipping				\$151,778.75

Debtor **Kate Quinn Organics, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Essentia Funding 22 E Main St., Unit #250 Middletown, NY 10940	Jack Madeb jack@madeblaw.com	Money loaned	Unliquidated Disputed Subject to Setoff			\$190,000.00
Fox Funding Group LLC 803 S 21st Avenue Hollywood, FL 33020	Joe Lieberman joe@landklegal.com	Money loaned	Contingent Unliquidated Disputed			\$190,000.00
Frederick & Associates P.S. 17455 68th Ave. NE Suite 304 Kenmore, WA 98028-3528	Les Frederick Les@Fredericktaxcpa.com 206-625-0259					\$74,442.50
Icon Owner Pool I West, LLC c/o Link Logistics Real Estate 90 Park Avenue, 32nd Floor New York, NY 10016	Parker Keehn Keehn@carneylaw.com	Rent				\$287,884.92
Illinois Dep't of Revenue Bankruptcy Unit PO Box 19035 Springfield, IL 62794-9035		Sales Tax				Unknown
LG Funding LLC 1218 Union Street, Suite 2 Brooklyn, NY 11225	Joe Lieberman joe@landklegal.com	Money loaned	Contingent Unliquidated Disputed			\$91,000.00
Martha Lake Business Park, LLC 16531 13th Avenue W, Suite A-107 Lynnwood, WA 98037	Douglas R. Wrigley doug@selecthome.com 425-742-6044	Rent				\$36,263.72
Meta Platforms, Inc. 1 Meta Way Menlo Park, CA 94025	Ruth Hidalgo hidalruthrebeca@fb.com 1-512-270-3210	Advertising				\$403,958.91
Oat Financial, Inc. 55 Regent Street, Unit 2 Cambridge, MA 02140	support@oatfi.com	Money loaned	Contingent Unliquidated Disputed			\$310,000.00

Debtor **Kate Quinn Organics, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ouiby Inc. d/b/a Kickfurth PO Box 21584 Boulder, CO 80308-4584	Jackson Killion jackson@kickfurth.com	Pro Model Services Agreement	Contingent Unliquidated Disputed			\$1,098,992.76
Pinnacle Business Funding LLC 1202 Avenue U, Suite 1115 Brooklyn, NY 11229	info@pbffunding.com	Money loaned	Contingent Unliquidated Disputed			\$140,000.00
Shopify Capital Inc. 151 O'Connor Street Ottawa, ON K2P 2L8 CANADA	Lennard Ignacio lennard.ignacio@shopify.com	Money loaned	Contingent Unliquidated Disputed			\$280,000.00
Unique Quiambo c/o Hillis Clark Martin & Peterson 999 Third Avenue, Suite 4600 Seattle, WA 98104	A. Michael Edwards michael.edwards@hcmp.com	Employee separation dispute	Unliquidated Disputed			\$84,399.26
WA Dep't of Labor & Industries Attn: Collections PO Box 44171 Olympia, WA 98504-4171	Danna Hendry Jada235@Lni.wa.gov 425-290-1361	Industrial Insurance				Unknown

Fill in this information to identify the case:Debtor name **Kate Quinn Organics, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 593,790.07
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 593,790.07

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 301,133.09
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 264,585.78
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 7,753,563.96
4. Total liabilities Lines 2 + 3a + 3b	\$ 8,319,282.83

Fill in this information to identify the case:Debtor name Kate Quinn Organics, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF WASHINGTON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest**

2.	Cash on hand			\$430.73
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	Bank of America, N.A.	Checking Account	5708	\$3.88
3.2.	Bank of America, N.A.	Checking Account	4106	\$0.00
3.3.	Afterpay account	Online payment gateway	N/A	\$0.00
3.4.	PayPal account	Online payment gateway	N/A	\$8.54
3.5.	Shopify account	Online payment gateway	N/A	\$273,795.26
3.6.	Shop Pay account	Online payment gateway	N/A	\$0.00

Debtor Kate Quinn Organics, Inc.
Name

Case number (If known) _____

3.7.	Square account	Outlet Store payment platform	N/A	\$5,376.51
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4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

\$279,614.92

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1.	Factory deposits	\$167,300.00
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Bush Kornfeld LLP
601 Union Street, Suite 5000
Seattle, WA 98101

7.2.	Balance of retainer	\$43,593.15
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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1.	Overpaid sales tax receivable	Unknown
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Villa Insurance Group
PO Box 13587
Mill Creek, WA 98082

8.2.	Liability insurance policies prepayment	Unknown
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9. **Total of Part 2.**

\$210,893.15

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor Kate Quinn Organics, Inc.
Name

Case number (If known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Inventory of clothing and clothing accessories for resale		\$0.00	Recent cost	\$93,282.00

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$93,282.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture and fixtures	\$0.00		\$5,000.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

Debtor Kate Quinn Organics, Inc.
Name

Case number (If known) _____

Computers and computer equipment **\$0.00** **\$5,000.00**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$10,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Forklift (broken, does not run, needs new battery)

\$0.00

Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

Debtor Kate Quinn Organics, Inc.
Name

Case number (If known) _____

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Leasehold interest in commercial premises located at 16531 13th Avenue W, Suite A102, Lynnwood, WA 98037.	Leasehold interest	\$0.00		Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites katequinn.com	Unknown		Unknown
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property Copyrights and trademarks on Kate Quinn Organics brand	Unknown		Unknown
65. Goodwill Goodwill	Unknown		Unknown

Debtor **Kate Quinn Organics, Inc.**
Name

Case number (If known) _____

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Kate Quinn Organics, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$279,614.92</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$210,893.15</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$93,282.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$10,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$593,790.07</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$593,790.07</u>

Fill in this information to identify the case:Debtor name **Kate Quinn Organics, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	American Express Nat'l Bank Creditor's Name Attn: Legal/Bankruptcy PO Box 570622 Atlanta, GA 30357 Creditor's mailing address Creditor's email address, if known Date debt was incurred 8/13/2024 Last 4 digits of account number 5454 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets Describe the lien Security interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$157,072.31	Unknown

2.2	U.S. Small Business Admin. Creditor's Name Legal Dept. 2401 Fourth Avenue, Suite 400 Seattle, WA 98121 Creditor's mailing address Creditor's email address, if known Date debt was incurred 7/03/2020	Describe debtor's property that is subject to a lien All tangible and intangible personal property [UCC File No. 2020-185-6552-0] Describe the lien Disaster COVID-19 Economic Injury secured loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$144,060.78	Unknown
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Debtor **Kate Quinn Organics, Inc.**

Case number (if known)

Name

Last 4 digits of account number
8003

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$301,133.09**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
American Express Nat'l Bank c/o CT Corporation System 28 Liberty Street New York, NY 10005	Line <u>2.1</u>	
U.S. Small Business Admin. CESC - COVID EIDL Service Ctr. 14925 Kingsport Road Fort Worth, TX 76155	Line <u>2.2</u>	

Fill in this information to identify the case:Debtor name **Kate Quinn Organics, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Arizona Dep't of Revenue 1600 W Monroe St. Phoenix, AZ 85007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,514.34	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address Arkansas Dep't of Revenue aka Dep't of Finance & Admin. 1900 W 7th St., Room 1040 Little Rock, AR 72201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,025.55	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

	Debtor Kate Quinn Organics, Inc.	Case number (if known)
	Name	

2.3	Priority creditor's name and mailing address California Dep't of Revenue aka CA Dep't of Tax & Fee Admin. PO Box 942879 Sacramento, CA 94279	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,603.93	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address City of Lynnwood 19100 44th Avenue W Lynnwood, WA 98036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Colorado Dep't of Revenue PO Box 17087 Denver, CO 80217-0087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,958.67	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Connecticut Dep't of Revenue 450 Columbus Blvd. #1 Hartford, CT 06103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$779.52	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Kate Quinn Organics, Inc. Name	Case number (if known)
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2.7	Priority creditor's name and mailing address Florida Dep't of Revenue 5050 W Tennessee St. Tallahassee, FL 32399-0100	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$955.63	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.8	Priority creditor's name and mailing address Idaho Dep't of Revenue PO Box 36 Boise, ID 83722-0410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$351.80	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.9	Priority creditor's name and mailing address Illinois Dep't of Revenue Bankruptcy Unit PO Box 19035 Springfield, IL 62794-9035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40,654.92	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.10	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Ops. PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Federal income taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Kate Quinn Organics, Inc. <small>Name</small>		Case number (if known)
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2.11	Priority creditor's name and mailing address Iowa Dep't of Revenue Hoover State Office Bldg, 1st Fl. 1305 E Walnut St. Des Moines, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$556.73	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Kansas Dep't of Revenue PO Box 750260 Topeka, KS 66625-0260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$536.30	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Louisiana Dep't of Revenue 617 North Third Street Baton Rouge, LA 70802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$516.83	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Maine Dep't of Revenue PO Box 1067 Augusta, ME 04332-1067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,184.01	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Kate Quinn Organics, Inc. Name		Case number (if known)
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2.15	Priority creditor's name and mailing address Maryland Dep't of Revenue PO Box 1829 Annapolis, MD 21404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$888.57	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Massachusetts Dep't of Revenue PO Box 7003 Boston, MA 02204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$142.81	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Minnesota Dep't of Revenue 600 N Robert St. St. Paul, MN 55146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,529.59	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Missouri Dep't of Revenue 301 W High Street Jefferson City, MO 65101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,086.22	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Kate Quinn Organics, Inc. Name	Case number (if known)
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2.19	Priority creditor's name and mailing address Nebraska Dep't of Revenue PO Box 94818 Lincoln, NE 68509-4818	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,601.53	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.20	Priority creditor's name and mailing address Nevada Dep't of Revenue 3850 Arrohead Drive Carson City, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$533.21	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.21	Priority creditor's name and mailing address New Jersey Dep't of Revenue Division of Taxation PO Box 999 Trenton, NJ 98646-0999	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,178.06	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.22	Priority creditor's name and mailing address New Mexico Dep't of Revenue Tax Compliance Bureau PO Box 50129 Albuquerque, NM 87181-0129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$377.25	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Kate Quinn Organics, Inc. Name	Case number (if known)
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2.23	Priority creditor's name and mailing address North Carolina Dep't of Revenue PO Box 25000 Raleigh, NC 27640-0640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,939.39	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.24	Priority creditor's name and mailing address North Dakota Dep't of Revenue Office of State Tax Commissioner 600 E Blvd. Ave., Dept. 127 Bismarck, ND 58505-0599	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$658.30	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.25	Priority creditor's name and mailing address Rhode Island Dep't of Revenue One Capitol Hill Providence, RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$468.99	Unknown
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.26	Priority creditor's name and mailing address Snohomish County Assessor 3000 Rockefeller Ave. M/S 510 Everett, WA 98201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Personal property taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	
2.27	Priority creditor's name and mailing address South Dakota Dep't of Revenue 445 E Capitol Ave. Pierre, SD 57501-3185	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152.33 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address Tennessee Dep't of Revenue Andrew Jackson Bldg. 500 Deaderick Street Nashville, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,081.09 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address Texas Dep't of Revenue Texas Comptroller PO Box 13528, Capitol Station Austin, TX 78711-3528	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,732.01 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address Vermont Dep't of Revenue PO Box 1881 Montpelier, VT 05601-1881	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22.70 Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Kate Quinn Organics, Inc. <small>Name</small>		Case number (if known)		
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2.31	Priority creditor's name and mailing address Virginia Dep't of Revenue PO Box 1880 Richmond, VA 23218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,935.89	Unknown
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address WA Dep't of Labor & Industries Attn: Collections PO Box 44171 Olympia, WA 98504-4171	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155,901.63	Unknown
	Date or dates debt was incurred	Basis for the claim: Industrial Insurance		
	Last 4 digits of account number 7600	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address WA Employment Security Dep't PO Box 9046 Olympia, WA 98507-9046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address WA State Dep't of Revenue Bankruptcy/Claims Unit 2101 Fourth Avenue, Suite 1400 Seattle, WA 98121-2300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Kate Quinn Organics, Inc. Name	Case number (if known)	
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2.35	Priority creditor's name and mailing address West Virginia Dep't of Revenue Taxpayer Services 1001 Lee Street E Charleston, WV 25301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$357.39	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax	
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Last 4 digits of account number	Is the claim subject to offset?	
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Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.36	Priority creditor's name and mailing address Wisconsin Dep't of Revenue PO Box 8921 Madison, WI 53708-8921	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,155.82	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax	
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Last 4 digits of account number	Is the claim subject to offset?	
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Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.37	Priority creditor's name and mailing address Wyoming Dep't of Revenue Excise Tax Division 122 W 25th St #E301 Cheyenne, WY 82002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$204.77	Unknown
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Date or dates debt was incurred	Basis for the claim: Sales Tax	
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Last 4 digits of account number	Is the claim subject to offset?	
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Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address American Express PO Box 60189 City of Industry, CA 91716-0189	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155,188.67	
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Date(s) debt was incurred	Basis for the claim: Business Platinum credit card	
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Last 4 digits of account number	Is the claim subject to offset?	
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☒ No
☐ Yes

3.2	Nonpriority creditor's name and mailing address Auctane LLC dba ShipStation 4301 Bull Creek Rd. Suite 300 Austin, TX 78731	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$375.69	
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Date(s) debt was incurred	Basis for the claim: Shipping (international orders)	
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Last 4 digits of account number	Is the claim subject to offset?	
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☒ No
☐ Yes

Name

3.3	Nonpriority creditor's name and mailing address Avalara, Inc. 255 S King Street, Suite 1800 Seattle, WA 98104-3320 Date(s) debt was incurred ____ Last 4 digits of account number <u>1701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales tax compliance software and services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,922.07
3.4	Nonpriority creditor's name and mailing address Ben Crudo Consulting Inc. dba DIFF 220-1435 rue Saint-Alexandre Montreal, Quebec H3A 2G4 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Website support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,537.50
3.5	Nonpriority creditor's name and mailing address Black Crow AI, Inc. 447 Broadway, 2nd Floor #382 New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,205.00
3.6	Nonpriority creditor's name and mailing address Block, Inc. dba Square Attn: Legal/Bankruptcy 1955 Broadway, Suite 600 Oakland, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,430.61
3.7	Nonpriority creditor's name and mailing address C.H. Robinson Worldwide, Inc. 14701 Charlson Road Eden Prairie, MN 55347-5076 Date(s) debt was incurred <u>Various dates</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Import freight services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230,830.87
3.8	Nonpriority creditor's name and mailing address Capybara Capital, LLC 6501 Congress Avenue Suite 340 Boca Raton, FL 33487 Date(s) debt was incurred <u>10/21/2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310,000.00
3.9	Nonpriority creditor's name and mailing address CFG Merchant Solutions, LLC 180 Maiden Lane, 15th Floor New York, NY 10038 Date(s) debt was incurred <u>7/10/2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00

Name

3.10	Nonpriority creditor's name and mailing address CFT Clear Finance Technology Corp. 2810 N Church St #68100 Wilmington, DE 19802-4447 Date(s) debt was incurred <u>6/28/2022</u> Last 4 digits of account number <u>7502</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000,000.00
3.11	Nonpriority creditor's name and mailing address Clear Water Carpet Care, LLC 7001 Beverly Blvd. Everett, WA 98203-5225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,920.00
3.12	Nonpriority creditor's name and mailing address Comcast Business 9602 S 300 W., Suite B Sandy, UT 84070-3302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,971.18
3.13	Nonpriority creditor's name and mailing address Convergence Northwest, LLC 1410 NW 49th Street Seattle, WA 98107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,613.66
3.14	Nonpriority creditor's name and mailing address Delta Dental of Washington 400 Fairview Ave N, #800 Seattle, WA 98109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental insurance policy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address DHL eCommerce 2700 S Commerce Parkway Suite 300 Weston, FL 33331 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shipping</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151,778.75
3.16	Nonpriority creditor's name and mailing address DocuSign, Inc. 999 3rd Ave., Suite 1000 Seattle, WA 98104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cloud-based document management services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Name

3.17	Nonpriority creditor's name and mailing address Essentia Funding 22 E Main St., Unit #250 Middletown, NY 10940 Date(s) debt was incurred <u>11/19/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>\$190,000.00</u>
3.18	Nonpriority creditor's name and mailing address First Choice Health 400 Westlake Ave N Suite 1500 Seattle, WA 98109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee assistance program services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$112.75</u>
3.19	Nonpriority creditor's name and mailing address Fox Funding Group LLC 803 S 21st Avenue Hollywood, FL 33020 Date(s) debt was incurred <u>12/12/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$190,000.00</u>
3.20	Nonpriority creditor's name and mailing address Frederick & Associates P.S. 17455 68th Ave. NE Suite 304 Kenmore, WA 98028-3528 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$74,442.50</u>
3.21	Nonpriority creditor's name and mailing address Google Play 1600 Amphitheatre Pkwy. Mountain View, CA 94043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8.80</u>
3.22	Nonpriority creditor's name and mailing address Hillis Clark Martin & Peterson 999 3rd Ave., Suite 4600 Seattle, WA 98104-4084 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,490.50</u>
3.23	Nonpriority creditor's name and mailing address Icon Owner Pool I West, LLC c/o Link Logistics Real Estate 90 Park Avenue, 32nd Floor New York, NY 10016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$287,884.92</u>

Name

3.24	Nonpriority creditor's name and mailing address JASCI LLC 44 Executive Blvd., Suite 200 Elmsford, NY 10523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Warehouse management system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,818.16
3.25	Nonpriority creditor's name and mailing address Klaviyo Inc. 125 Summer St., Floor 6 Boston, MA 02111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Email platform</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,613.38
3.26	Nonpriority creditor's name and mailing address LG Funding LLC 1218 Union Street, Suite 2 Brooklyn, NY 11225 Date(s) debt was incurred <u>5/02/2024</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,000.00
3.27	Nonpriority creditor's name and mailing address Lowe Graham Jones PLLC 1325 4th Ave., Suite 1130 Seattle, WA 98101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.00
3.28	Nonpriority creditor's name and mailing address Martha Lake Business Park, LLC 16531 13th Avenue W, Suite A-107 Lynnwood, WA 98037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,263.72
3.29	Nonpriority creditor's name and mailing address Meta Platforms, Inc. 1 Meta Way Menlo Park, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403,958.91
3.30	Nonpriority creditor's name and mailing address North Beam, Inc. 222 North Pacific Coast Highway Suite 2000 El Segundo, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Reporting services for marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,183.10

Debtor Kate Quinn Organics, Inc. Name _____	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address Northwest Security & Sound PO Box 1592 Snohomish, WA 98291 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Security and monitoring services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$583.44
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3.32	Nonpriority creditor's name and mailing address Oat Financial, Inc. 55 Regent Street, Unit 2 Cambridge, MA 02140 Date(s) debt was incurred <u>9/4-16/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310,000.00
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3.33	Nonpriority creditor's name and mailing address Ouiby Inc. d/b/a Kickfurther PO Box 21584 Boulder, CO 80308-4584 Date(s) debt was incurred <u>6/24/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pro Model Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098,992.76
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3.34	Nonpriority creditor's name and mailing address Performance Systems Integration 7324 SW Durham Road Portland, OR 97224 Date(s) debt was incurred _____ Last 4 digits of account number <u>8966</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fire extinguisher service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.49
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3.35	Nonpriority creditor's name and mailing address Pinnacle Business Funding LLC 1202 Avenue U, Suite 1115 Brooklyn, NY 11229 Date(s) debt was incurred <u>12/20/2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140,000.00
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3.36	Nonpriority creditor's name and mailing address Postscript 3370 North Hayden Rd., Suite 123 Scottsdale, AZ 85251 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SMS system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,857.37
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3.37	Nonpriority creditor's name and mailing address Puget Sound Energy PO Box 91269 Bellevue, WA 98009-9269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Woodinville)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.10
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Debtor Kate Quinn Organics, Inc. <small>Name</small>	Case number (if known) _____
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3.38	Nonpriority creditor's name and mailing address Puget Sound Energy PO Box 91269 Bellevue, WA 98009-9269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities (Lynnwood)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,912.72
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3.39	Nonpriority creditor's name and mailing address Quench USA, Inc. 630 Allendale Road, Suite 200 King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number <u>1809</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Water filtration service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.61
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3.40	Nonpriority creditor's name and mailing address Redo Tech, Inc. 14761 Future Way, Suite 400 Draper, UT 84020-5326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shipping, email and SMS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,670.00
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3.41	Nonpriority creditor's name and mailing address Regence BlueShield PO Box 1106 Lewiston, ID 83501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health insurance policy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,023.90
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3.42	Nonpriority creditor's name and mailing address Shopify Capital Inc. 151 O'Connor Street Ottawa, ON K2P 2L8 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Money loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280,000.00
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3.43	Nonpriority creditor's name and mailing address Snohomish County PUD No. 1 2320 California Street Everett, WA 98201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electricity service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.44	Nonpriority creditor's name and mailing address Sound Benefit Administration, Inc. 18887 State Hwy 305 NE Suite 600 Poulsbo, WA 98370-7462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COBRA services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.50
------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------

Debtor **Kate Quinn Organics, Inc.** Case number (if known) _____
Name

3.45	Nonpriority creditor's name and mailing address Stamped.io 6608 N Western Ave. #2007 Oklahoma City, OK 73116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Website support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199.00
3.46	Nonpriority creditor's name and mailing address Unique Quiambo c/o Hillis Clark Martin & Peterson 999 Third Avenue, Suite 4600 Seattle, WA 98104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Employee separation dispute</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,399.26
3.47	Nonpriority creditor's name and mailing address United Parcel Service, Inc. 55 Glenlake Parkway NE Atlanta, GA 30328 Date(s) debt was incurred _____ Last 4 digits of account number <u>7A60,6240</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shipping</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,709.07
3.48	Nonpriority creditor's name and mailing address VSP Vision Care, Inc. 600 University Street, Suite 2004 Seattle, WA 98101-1129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vision insurance policy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Altus Receivables Management 2121 Airline Drive, Suite 520 Metairie, LA 70001	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	American Express Attn: Legal/Bankruptcy 43 Butterfield Circle El Paso, TX 79906	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	American Express Attn: Legal/Bankruptcy PO Box 30384 Salt Lake City, UT 84130	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Capybara Capital, LLC c/o Brian Kramer, P.A. 6501 Congress Ave., Ste. 240 Boca Raton, FL 33487	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Kate Quinn Organics, Inc.		Case number (if known)
Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.5	CFT Clear Finance Technology Corp. 1200-33 Yonge Street Toronto, ON M5E 1G4 CANADA	Line 3.10 <input type="checkbox"/> Not listed. Explain _____
4.6	Convergence Northwest, LLC 4252 SE International Way, Ste. A Milwaukie, OR 97222-8822	Line 3.13 <input type="checkbox"/> Not listed. Explain _____
4.7	Delta Dental of Washington PO Box 75983 Seattle, WA 98175-0983	Line 3.14 <input type="checkbox"/> Not listed. Explain _____
4.8	DocuSign, Inc. 221 Main Street, Suite 1550 San Francisco, CA 94105	Line 3.16 <input type="checkbox"/> Not listed. Explain _____
4.9	Essentia Funding c/o Madeb Law PLLC 2433 Knapp St., Suite 203A Brooklyn, NY 11235	Line 3.17 <input type="checkbox"/> Not listed. Explain _____
4.10	Fox Funding Group LLC c/o Lieberman & Klestzik, LLP 381 Sunrise Hwy., 3rd Floor Lynbrook, NY 11563	Line 3.19 <input type="checkbox"/> Not listed. Explain _____
4.11	Icon Owner Pool I West, LLC c/o Link Logistics Real Estate 602 W Office Center Dr., Suite 200 Fort Washington, PA 19034	Line 3.23 <input type="checkbox"/> Not listed. Explain _____
4.12	Icon Owner Pool I West, LLC c/o Carney Badley Spellman, P.S. 701 5th Ave., Suite 3600 Seattle, WA 98104	Line 3.23 <input type="checkbox"/> Not listed. Explain _____
4.13	LG Funding LLC c/o Lieberman & Klestzik, LLP 381 Sunrise Hwy., 3rd Floor Lynbrook, NY 11563	Line 3.26 <input type="checkbox"/> Not listed. Explain _____
4.14	Oat Financial, Inc. c/o Legallnc Corp. Servs. Inc. 131 Continental Dr., Suite 305 Newark, DE 19713	Line 3.32 <input type="checkbox"/> Not listed. Explain _____
4.15	Ouiby Inc. d/b/a Kickfurther Attn: Jackson Killion 1200 Pearl St., Suite 404 Boulder, CO 80302	Line 3.33 <input type="checkbox"/> Not listed. Explain _____
4.16	Puget Sound Energy 355 110th Ave. NE #EST-11 Bellevue, WA 98004-5862	Line 3.37 <input type="checkbox"/> Not listed. Explain _____

Debtor Kate Quinn Organics, Inc. <small>Name</small>	Case number (if known) _____
----------------------------------------------------------------	------------------------------

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.17	Puget Sound Energy 355 110th Ave. NE #EST-11 Bellevue, WA 98004-5862	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	Regence BlueShield 1111 Lake Washington Blvd. N Renton, WA 98056	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	Shopify Capital Inc. 100 Shockoe Slip, 2nd Floor Richmond, VA 23219	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	UPS Supply Chain Solutions, Inc. 12380 Morris Road Alpharetta, GA 30005	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	264,585.78
5b.	+	7,753,563.96
5c.	\$	8,018,149.74

Fill in this information to identify the case:

Debtor name **Kate Quinn Organics, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Hosting solution for Spot search and filtering software**

State the term remaining

1 year

List the contract number of any government contract _____

**eShopAdmin Inc.
1435 Saint-Alexandre Suite 220
Montreal, QC H3A 2G4
Canada**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement for premises at Martha Lake Business Park, Building A (on Parcel No. 003737-006-007-01)**

State the term remaining

6/30/2026

List the contract number of any government contract _____

**Martha Lake Business Park, LLC
16531 13th Avenue W, Suite A-107
Lynnwood, WA 98037**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Provider of e-commerce services that helps debtor manage gift cards, store credit, and loyalty programs.**

State the term remaining

Unknown

List the contract number of any government contract _____

**Rise AI eCommerce Solutions Ltd.
Wix.com Ltd.
100 Gansevoort Street
New York, NY 10014**

Fill in this information to identify the case:Debtor name **Kate Quinn Organics, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Katherine Quinn** **16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500
Guarantor**

**Capybara Capital,
LLC**

☐ D _____
☒ E/F **3.8**
☐ G _____

2.2 **Katherine Quinn** **16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500
Guarantor**

LG Funding LLC

☐ D _____
☒ E/F **3.26**
☐ G _____

2.3 **Katherine Quinn** **16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500
Guarantor**

Essentia Funding

☐ D _____
☒ E/F **3.17**
☐ G _____

2.4 **Katherine Quinn** **16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500
Guarantor**

**Fox Funding Group
LLC**

☐ D _____
☒ E/F **3.19**
☐ G _____

Debtor **Kate Quinn Organics, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Katherine Quinn	16531 13th Ave W Suite A102 Lynnwood, WA 98037-8500 Guarantor	CFG Merchant Solutions, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
2.6	Katherine Quinn	16531 13th Ave W Suite A102 Lynnwood, WA 98037-8500 Guarantor	Pinnacle Business Funding LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.35</u> <input type="checkbox"/> G _____
2.7	Katherine Quinn	16531 13th Ave W Suite A102 Lynnwood, WA 98037-8500 Guarantor	American Express Nat'l Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

**United States Bankruptcy Court
Eastern District of Washington**

In re **Kate Quinn Organics, Inc.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Katherine Quinn 16531 13th Ave W Suite A102 Lynnwood, WA 98037-8500	common shares	10,000 (100%)	shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **March 14, 2025**

Signature **/s/ Katherine Quinn
Katherine Quinn**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

United States Bankruptcy Court
Eastern District of Washington

In re Kate Quinn Organics, Inc. Debtor(s) Case No. Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case


Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Katherine Quinn 16531 13th Ave W Suite A102 Lynnwood, WA 98037-8500	common shares	10,000 (100%)	shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date March 14, 2025 Signature

Signed by:



1979FDF4D693d66

Katherine Quinn

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Eastern District of Washington**

In re **Kate Quinn Organics, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 14, 2025**

/s/ Katherine Quinn

Katherine Quinn/CEO

Signer/Title

**United States Bankruptcy Court
Eastern District of Washington**

In re **Kate Quinn Organics, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 14, 2025**

Signed by:


1979FDF4D693466

Katherine Quinn/CEO
Signer/Title

Kate Quinn Organics, Inc.
16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500

Jason Wax
Bush Kornfeld LLP
601 Union St., Suite 5000
Seattle, WA 98101-2373

US Attorney
Attn Bankruptcy Assistant
700 Stewart ST #5220
Seattle, WA 98101-4438

Internal Revenue Service
Jackson Federal Bldg
915 2nd Ave M/S W243
Seattle, WA 98174

US Treasury
Secretary of the Treasury
1500 Pennsylvania Ave NW
Washington, DC 20220

WA Dept of Rev-SEA
Bankruptcy/Claims Unit
2101 4th Ave #1400
Seattle, WA 98121-2300

WA Dept of L&I-OLY
Collections
PO Box 44170
Olympia, WA 98504-4170

WA Dept of Emp Sec-OLY
UI Tax Admin
PO Box 9046
Olympia, WA 98507-9046

WA Attorney General
Bankruptcy & Collections Unit
800 5th Ave #2000
Seattle, WA 98104

United States of America
Internal Revenue Service
915 Second Ave.
Seattle, WA 98174

Attorney General of the
United States
US Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

U.S. Small Business Admin
Legal Dept.
2401 Fourth Ave. #450
Seattle, WA 98121

U.S. Dept. of Justice
U.S. Attorney's Office, EDWA
PO Box 1494
Spokane, WA 99210-1494

Altus Receivables Management
2121 Airline Drive, Suite 520
Metairie, LA 70001

American Express
PO Box 60189
City of Industry, CA 91716-0189

American Express
Attn: Legal/Bankruptcy
43 Butterfield Circle
El Paso, TX 79906

American Express
Attn: Legal/Bankruptcy
PO Box 30384
Salt Lake City, UT 84130

American Express Nat'l Bank
Attn: Legal/Bankruptcy
PO Box 570622
Atlanta, GA 30357

American Express Nat'l Bank
c/o CT Corporation System
28 Liberty Street
New York, NY 10005

Arizona Dep't of Revenue
1600 W Monroe St.
Phoenix, AZ 85007

Arkansas Dep't of Revenue
aka Dep't of Finance & Admin.
1900 W 7th St., Room 1040
Little Rock, AR 72201

Auctane LLC dba ShipStation
4301 Bull Creek Rd.
Suite 300
Austin, TX 78731

Avalara, Inc.
255 S King Street, Suite 1800
Seattle, WA 98104-3320

Bank of America, N.A.
PO Box 25118
Tampa, FL 33622-5118

Bank of America, N.A.
100 North Tryon Street
Charlotte, NC 28255

Ben Crudo Consulting Inc. dba DIFF
220-1435 rue Saint-Alexandre
Montreal, Quebec H3A 2G4
CANADA

Black Crow AI, Inc.
447 Broadway, 2nd Floor #382
New York, NY 10013

Block, Inc. dba Square
Attn: Legal/Bankruptcy
1955 Broadway, Suite 600
Oakland, CA 94612

C.H. Robinson Worldwide, Inc.
14701 Charlson Road
Eden Prairie, MN 55347-5076

California Dep't of Revenue
aka CA Dep't of Tax & Fee Admin.
PO Box 942879
Sacramento, CA 94279

Capybara Capital, LLC
6501 Congress Avenue
Suite 340
Boca Raton, FL 33487

Capybara Capital, LLC
c/o Brian Kramer, P.A.
6501 Congress Ave., Ste. 240
Boca Raton, FL 33487

CFG Merchant Solutions, LLC
180 Maiden Lane, 15th Floor
New York, NY 10038

CFT Clear Finance Technology Corp.
2810 N Church St #68100
Wilmington, DE 19802-4447

CFT Clear Finance Technology Corp.
1200-33 Yonge Street
Toronto, ON M5E 1G4
CANADA

City of Lynnwood
19100 44th Avenue W
Lynnwood, WA 98036

Clear Water Carpet Care, LLC
7001 Beverly Blvd.
Everett, WA 98203-5225

Colorado Dep't of Revenue
PO Box 17087
Denver, CO 80217-0087

Comcast Business
9602 S 300 W., Suite B
Sandy, UT 84070-3302

Connecticut Dep't of Revenue
450 Columbus Blvd. #1
Hartford, CT 06103

Convergence Northwest, LLC
1410 NW 49th Street
Seattle, WA 98107

Convergence Northwest, LLC
4252 SE International Way, Ste. A
Milwaukie, OR 97222-8822

Delta Dental of Washington
400 Fairview Ave N, #800
Seattle, WA 98109

Delta Dental of Washington
PO Box 75983
Seattle, WA 98175-0983

DHL eCommerce
2700 S Commerce Parkway
Suite 300
Weston, FL 33331

DocuSign, Inc.
999 3rd Ave., Suite 1000
Seattle, WA 98104

DocuSign, Inc.
221 Main Street, Suite 1550
San Francisco, CA 94105

eShopAdmin Inc.
1435 Saint-Alexandre Suite 220
Montreal, QC H3A 2G4
Canada

Essentia Funding
22 E Main St., Unit #250
Middletown, NY 10940

Essentia Funding
c/o Madeb Law PLLC
2433 Knapp St., Suite 203A
Brooklyn, NY 11235

First Choice Health
400 Westlake Ave N
Suite 1500
Seattle, WA 98109

Florida Dep't of Revenue
5050 W Tennessee St.
Tallahassee, FL 32399-0100

Fox Funding Group LLC
803 S 21st Avenue
Hollywood, FL 33020

Fox Funding Group LLC
c/o Lieberman & Klestzik, LLP
381 Sunrise Hwy., 3rd Floor
Lynbrook, NY 11563

Frederick & Associates P.S.
17455 68th Ave. NE
Suite 304
Kenmore, WA 98028-3528

Google Play
1600 Amphitheatre Pkwy.
Mountain View, CA 94043

Hillis Clark Martin & Peterson
999 3rd Ave., Suite 4600
Seattle, WA 98104-4084

Icon Owner Pool I West, LLC
c/o Link Logistics Real Estate
90 Park Avenue, 32nd Floor
New York, NY 10016

Icon Owner Pool I West, LLC
c/o Link Logistics Real Estate
602 W Office Center Dr., Suite 200
Fort Washington, PA 19034

Icon Owner Pool I West, LLC
c/o Carney Badley Spellman, P.S.
701 5th Ave., Suite 3600
Seattle, WA 98104

Idaho Dep't of Revenue
PO Box 36
Boise, ID 83722-0410

Illinois Dep't of Revenue
Bankruptcy Unit
PO Box 19035
Springfield, IL 62794-9035

Internal Revenue Service
Centralized Insolvency Ops.
PO Box 7346
Philadelphia, PA 19101-7346

Iowa Dep't of Revenue
Hoover State Office Bldg, 1st Fl.
1305 E Walnut St.
Des Moines, IA 50319

JASCI LLC
44 Executive Blvd., Suite 200
Elmsford, NY 10523

Kansas Dep't of Revenue
PO Box 750260
Topeka, KS 66625-0260

Katherine Quinn
16531 13th Ave W
Suite A102
Lynnwood, WA 98037-8500

Klaviyo Inc.
125 Summer St., Floor 6
Boston, MA 02111

LG Funding LLC
1218 Union Street, Suite 2
Brooklyn, NY 11225

LG Funding LLC
c/o Lieberman & Klestzik, LLP
381 Sunrise Hwy., 3rd Floor
Lynbrook, NY 11563

Louisiana Dep't of Revenue
617 North Third Street
Baton Rouge, LA 70802

Lowe Graham Jones PLLC
1325 4th Ave., Suite 1130
Seattle, WA 98101

Maine Dep't of Revenue
PO Box 1067
Augusta, ME 04332-1067

Martha Lake Business Park, LLC
16531 13th Avenue W, Suite A-107
Lynnwood, WA 98037

Maryland Dep't of Revenue
PO Box 1829
Annapolis, MD 21404

Massachusetts Dep't of Revenue
PO Box 7003
Boston, MA 02204

Meta Platforms, Inc.
1 Meta Way
Menlo Park, CA 94025

Minnesota Dep't of Revenue
600 N Robert St.
St. Paul, MN 55146

Missouri Dep't of Revenue
301 W High Street
Jefferson City, MO 65101

Nebraska Dep't of Revenue
PO Box 94818
Lincoln, NE 68509-4818

Nevada Dep't of Revenue
3850 Arrohead Drive
Carson City, NV 89706

New Jersey Dep't of Revenue
Division of Taxation
PO Box 999
Trenton, NJ 98646-0999

New Mexico Dep't of Revenue
Tax Compliance Bureau
PO Box 50129
Albuquerque, NM 87181-0129

North Beam, Inc.
222 North Pacific Coast Highway
Suite 2000
El Segundo, CA 90245

North Carolina Dep't of Revenue
PO Box 25000
Raleigh, NC 27640-0640

North Dakota Dep't of Revenue
Office of State Tax Commissioner
600 E Blvd. Ave., Dept. 127
Bismarck, ND 58505-0599

Northwest Security & Sound
PO Box 1592
Snohomish, WA 98291

Oat Financial, Inc.
55 Regent Street, Unit 2
Cambridge, MA 02140

Oat Financial, Inc.
c/o LegalInc Corp. Servs. Inc.
131 Continental Dr., Suite 305
Newark, DE 19713

Ouiby Inc. d/b/a Kickfurther
PO Box 21584
Boulder, CO 80308-4584

Ouiby Inc. d/b/a Kickfurther
Attn: Jackson Killion
1200 Pearl St., Suite 404
Boulder, CO 80302

PayPal Holdings, Inc.
2211 N 1st Street
San Jose, CA 95131

PayPal Holdings, Inc.
Attn: Legal, Re: Bankruptcy
PO Box 45950
Omaha, NE 68145-0950

Performance Systems Integration
7324 SW Durham Road
Portland, OR 97224

Pinnacle Business Funding LLC
1202 Avenue U, Suite 1115
Brooklyn, NY 11229

Postscript
3370 North Hayden Rd., Suite 123
Scottsdale, AZ 85251

Puget Sound Energy
PO Box 91269
Bellevue, WA 98009-9269

Puget Sound Energy
355 110th Ave. NE #EST-11
Bellevue, WA 98004-5862

Quench USA, Inc.
630 Allendale Road, Suite 200
King of Prussia, PA 19406

Redo Tech, Inc.
14761 Future Way, Suite 400
Draper, UT 84020-5326

Regence BlueShield
PO Box 1106
Lewiston, ID 83501

Regence BlueShield
1111 Lake Washington Blvd. N
Renton, WA 98056

Rhode Island Dep't of Revenue
One Capitol Hill
Providence, RI 02908

Rise AI eCommerce Solutions Ltd.
Wix.com Ltd.
100 Gansevoort Street
New York, NY 10014

Shopify Capital Inc.
151 O'Connor Street
Ottawa, ON K2P 2L8
CANADA

Shopify Capital Inc.
100 Shockoe Slip, 2nd Floor
Richmond, VA 23219

Shopify Inc.
150 Elgin Street, 8th Floor
Ottawa, ON K2P 1L4
CANADA

Shopify Inc.
c/o CT Corporation System
1209 Orange Street
Wilmington, DE 19801

Snohomish County Assessor
3000 Rockefeller Ave.
M/S 510
Everett, WA 98201

Snohomish County PUD No. 1
2320 California Street
Everett, WA 98201

Sound Benefit Administration, Inc.
18887 State Hwy 305 NE
Suite 600
Poulsbo, WA 98370-7462

South Dakota Dep't of Revenue
445 E Capitol Ave.
Pierre, SD 57501-3185

Stamped.io
6608 N Western Ave. #2007
Oklahoma City, OK 73116

Tennessee Dep't of Revenue
Andrew Jackson Bldg.
500 Deaderick Street
Nashville, TN 37242

Texas Dep't of Revenue
Texas Comptroller
PO Box 13528, Capitol Station
Austin, TX 78711-3528

U.S. Small Business Admin.
Legal Dept.
2401 Fourth Avenue, Suite 400
Seattle, WA 98121

U.S. Small Business Admin.
CESC - COVID EIDL Service Ctr.
14925 Kingsport Road
Fort Worth, TX 76155

Unique Quiambo
c/o Hillis Clark Martin & Peterson
999 Third Avenue, Suite 4600
Seattle, WA 98104

United Parcel Service, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005

Vermont Dep't of Revenue
PO Box 1881
Montpelier, VT 05601-1881

Villa Insurance Group
PO Box 13587
Mill Creek, WA 98082

Virginia Dep't of Revenue
PO Box 1880
Richmond, VA 23218

VSP Vision Care, Inc.
600 University Street, Suite 2004
Seattle, WA 98101-1129

WA Dep't of Labor & Industries
Attn: Collections
PO Box 44171
Olympia, WA 98504-4171

WA Employment Security Dep't
PO Box 9046
Olympia, WA 98507-9046

WA State Dep't of Revenue
Bankruptcy/Claims Unit
2101 Fourth Avenue, Suite 1400
Seattle, WA 98121-2300

West Virginia Dep't of Revenue
Taxpayer Services
1001 Lee Street E
Charleston, WV 25301

Wisconsin Dep't of Revenue
PO Box 8921
Madison, WI 53708-8921

Wyoming Dep't of Revenue
Excise Tax Division
122 W 25th St #E301
Cheyenne, WY 82002

**United States Bankruptcy Court
Eastern District of Washington**

In re **Kate Quinn Organics, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Kate Quinn Organics, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

March 14, 2025

Date

/s/ Jason Wax

Jason Wax

Signature of Attorney or Litigant
Counsel for **Kate Quinn Organics, Inc.**
Bush Kornfeld LLP

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Seattle, WA 98101-2373
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jwax@bskd.com**